HCFA-PM-91-4 Revision:

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A Page 15 OMB No.: 0938-

Territory: VIRGIN ISLANDS

Citation

Condition or Requirement

1902(k) of the Act

3. Medicaid Qualifying Trusts.

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

1.1 The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 4 to ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

TN No. Approval Date FFB 0 3 1992 Supersede TN No.

Effective Date OCT 01 1991

Revision:

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AUGUST 1991

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Territory: VIRGIN ISLANDS

OMB No.: 0938-

Citation

Condition or Requirement

1902(a)(10)(C) of the Act

- 4. Medically Needy Income Levels
  - a. Medically needy income levels (MNILs) are based on family size.
  - b. The MNIL does not diminish by family size.
  - c. The MNIL at least equals the amount of the highest income standards used on or after January 1, 1966, to determine eligibility under the cash assistance programs related to the States covered medically needy groups or groups of individuals.

<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups.

42.CFR 436.831

- Handling of Excess Income Spend-down for Medically Needy
  - a. Income in excess of the MNIL is considered available for payment of medical care and services. The Medicaid agency measures available income for a period of 1 month(s) (not to exceed six months) to determine the amount of excess countable income applicable to the cost of medical care and services.

TN No. 91-6
Supersedes Approval Date FEB 6 3 1992
TN No. 87-1

Effective Date OCT 0 1 1991

Revision:

Citation

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Territory: \_

VIRGIN ISLANDS

Condition or Requirement

- b. If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
  - (i) Health insurance premiums, deductibles and co-insurance charges.
  - (ii) Expenses for necessary medical and remedial care not included in the plan.
  - (iii) Expenses for necessary medical and remedial care included in the plan.
    - Reasonable limits on amounts of expenses deducted from income under (b)(i) and (ii) above are listed below.

TN No. 97-6
Supersedes Approval Date FEB 0 3 1992
TN No.

Effective Date OCT 0 1 1991

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Territory:

VIRGIN ISLANDS

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Condition or Requirement

c. The resource standard at least equals the amount of the highest resource standard used or after January 1, 1966, to determine eligibility under the cash assistance programs related to the State's covered medically needy group or groups of individuals.

1902(m)(1)(C) and (m)(2)(B) of the Act d. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10(A)(ii)(X) of the Act, the resource standard is:

Same as under OAA, AABD, and APTD.

Same as the medically needy resource standards, which are higher than those under OAA, AABD, and APTD (if the State covers the medically needy).

<u>Supplement 3 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups.

TN No. 7/-6
Supersed Approval Date FFB 0 3 1992
TN No. 1992

Effective Date

OCT 0 1 1991

HCFA-PM-(MB)

ATTACHMENT 2.6

- Official

Territory: Virgin Islands

Citation

Condition or Requirement

1905(p)(1)(D) and (p)(2)(B) and 1902(a)(10)(E)(iii) of the Act 8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries

For qualified Medicare beneficiaries and specified low-income Medicare beneficiaries covered under sections 1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI resource standard.

1905(s) of the Act

 Resource Standard - Qualified Disabled and Working Individuals

For qualified disabled and working individuals covered under section 1902(a)(10(E)(ii) of the Act, the resource standard is twice the SSI resource standard.

Not Applicable

TN No. 94-3
Supersedes Approval Date OCT 27 1994 Effective Date JUL 1 - 1994
TN No. 91-6

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Virgin Islands Territory:

Citation Condition or Requirement 10. Excess Resources - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries Any excess resources make the individual ineligible. 11. Effective Date of Eligibility - Categorically 42 CFR and Medically Needy, Qualified Medicare 436.901 Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries. Groups other than qualified Medicare beneficiaries (i) For the prospective period--Coverage is available for the full month if the following individuals are eligible at any time during the month. \* Aged, blind, disabled. Х AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. Aged, blind, disabled.

AFDC-related.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory:	Virgi	n Islands
FINANCIAL ELIGIBILITY		
Citation(s)		Condition or Requirement
	(ii)	For the retroactive period
		Coverage is available for three months before the date of application if the following individuals are eligible.
		Aged, blind, disabled.
		AFDC-related.
		Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.
	,	X Aged, blind, disabled.
· · · · <u>- <del>-</del></u>		X AFDC-related.
1902(b)(1) of the Act	(iii)	For a presumptive eligibility period for pregnant women only
		Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the

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last day.

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determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that

ATTACHMENT 2.6-A Revision: HCFA-PM-91- 4 (BPD) AUGUST 1991 Page 24 OMB No.: 0938-VIRGIN ISLANDS Territory: Citation Condition or Requirement 1902(e)(8) and 1905(a) of the b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the Act month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for--12 months 1\_7 6 months months (no less than 6 months and no more

than 12 months).

Not Applicable

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Approval Date

FEB 0 3 1992

Effective Date

OCT 0 1 1991